

# STATE OF COLORADO

John W. Hickenlooper, Governor  
Christopher E. Urbina, MD, MPH  
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division  
Denver, Colorado 80246-1530 8100 Lowry Blvd.  
Phone (303) 692-2000 Denver, Colorado 80230-6928  
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

June 26, 2013

GREGORY P. LEWIS

PHIL WINSLOW MOTORS INC.

730 NORTH CIRCLE DRIVE

COLORADO SPRINGS, CO 80909

RE: Notification of Waste Tire Certificate of Registration Number

Dear GREGORY P. LEWIS:

The Hazardous Materials and Waste Management Division, Solid Waste and Materials Management Program of the Colorado Department of Public Health and Environment has received a Waste Tire Certificate of Registration Application (Form WT-1) from your business for the following location:

PHIL WINSLOW MOTORS INC.

730 NORTH CIRCLE DRIVE

COLORADO SPRINGS, CO 80909

Certificate of Registration Number: 1883

In accordance with state regulations, the Waste Tire Certificate of Registration Number listed above has been assigned to above referenced location. Future correspondence should include this number. Your business has registered as the following:

TireRetailer/Wholesaler	<input checked="" type="checkbox"/>	WasteTireHauler	<input type="checkbox"/>
WasteTireCollectionFacility	<input type="checkbox"/>	WasteTireEndUser	<input type="checkbox"/>
WasteTireProcessor	<input type="checkbox"/>	WasteTireMonofill	<input type="checkbox"/>

Additionally, your Waste Tire Facility has been assigned the Facility Decal Number listed below. The decal is valid until the expiration date also listed below, at which time, your facility must renew its registration in accordance with Section 10 of the Colorado Solid Waste Regulations (6 CCR 1007-2, Part 1).

Facility Decal Number: 1883-16

Facility Decal Expiration: 6/26/2016

Any change in location would require a new Waste Tire Certificate of Registration Application (Form WT-1) to be filed, as Certificate of Registration Numbers are location specific. Failure to have a Waste Tire Certificate of Registration Number for a new location or use of the wrong Waste Tire Certificate of Registration Number for shipment of waste tires may result in enforcement action under §25-17-201, et seq, of the Colorado Revised Statutes (C.R.S.), and Section 10 of the Colorado Solid Waste Regulations (6 CCR 1007-2, Part 1). Also, in accordance with Section 10 of the regulations, if any of the following changes occur, this office must be notified in writing at the above address: 1) mailing address, 2) business name, 3) type of registration, 4) contact name or phone number, 5) ownership, or 6) the site has closed.

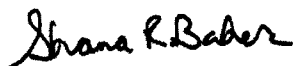
Please be aware that the handling and management of waste tires, including the generation, collection, transportation, processing, storage, and disposal of waste tires, is regulated under Section 10 of the Colorado Solid Waste Regulations (6 CCR 1007-2, Part 1). A copy of the regulations and additional information about waste-tire requirements is available online at <http://www.colorado.gov/cdphe/hm> .

#### **Special Provisions for Waste Tire Haulers**

A copy of this Certificate of Registration must be retained at your facility AND in EACH vehicle owned or rented that is used for hauling waste tires. Also, a copy of this Certificate of Registration must be provided to EACH retailer of tires where waste tires are picked up for transport. If you are a Waste Tire Hauler the assigned vehicle decal numbers and their expiration dates along with the Hauler Facility Number are listed below.

If you have any questions or need further information, please contact Shana Baker at (303) 692-3305 or Nick Boudreau at (303) 692-3459.

Sincerely,



Shana Baker, Waste Tire Specialist  
Solid Waste and Materials Management Program



Nick Boudreau, Waste Tire Specialist  
Solid Waste and Materials Management Program

cc: SW ELP 1883 3.9.1

# Waste Tire Certificate of Registration Application (Form WT-1)



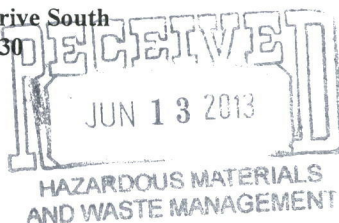
**NOTE:** Pursuant to §25-17-201, et seq, of the Colorado Revised Statutes (C.R.S.), and Section 10 of the Colorado Solid Waste regulations (6 CCR 1007-2, Part 1), all waste tire haulers and waste tire facilities are required to register with the Department by submitting a completed version of this form. For companies with more than one location, each location must be registered separately.

Colorado Department  
of Public Health  
and Environment

Business Name <i>PHIL WINSLOW MOTORS INC.</i>		For Department Use Only SW <i>ELP 1883 3.9.1</i>							
Other Business Names (DBAs) <i>WINSLOW BMW OF COLORADO SPRINGS</i>		County Business Resides In <i>EL PASO</i>							
Street Address <i>730 N URGUE DR</i>	City <i>COLORADO SPRINGS</i>	State (xx) <i>CO</i>	Zip Code <i>80909</i>						
Mailing Address (if same as Street Address check box) <input type="checkbox"/>	City	State (xx)	Zip Code						
Business Phone No. <i>719-473-1373</i>		Business E-mail Address							
Business Owner (First, Middle Initial, Last) <i>PHILIP A. WINSLOW</i>		Owner Business Phone No. (xxx-xxx-xxxx) <i>719-473-1373</i>							
Business Manager (First, Middle Initial, Last) <i>GREGORY A. LEWIS</i>		Manager Business Phone No. (xxx-xxx-xxxx) <i>719-473-1373</i>							
Contact Person (First, Middle Initial, Last) <i>GREGORY P. LEWIS</i>		Contact Business Phone No. (xxx-xxx-xxxx) <i>719-473-1373</i>							
Contact E-mail Address <i>greg.lewis@winslowbmw.com</i>									
Type of registration (Check box for all that apply) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Tire retailer, wholesaler or fleet service facility</td> <td><input type="checkbox"/> Waste tire hauler</td> </tr> <tr> <td><input type="checkbox"/> Waste tire end user</td> <td><input type="checkbox"/> Waste tire processor</td> </tr> <tr> <td><input type="checkbox"/> Waste tire collection facility</td> <td><input type="checkbox"/> Waste tire monofill</td> </tr> </table>				<input checked="" type="checkbox"/> Tire retailer, wholesaler or fleet service facility	<input type="checkbox"/> Waste tire hauler	<input type="checkbox"/> Waste tire end user	<input type="checkbox"/> Waste tire processor	<input type="checkbox"/> Waste tire collection facility	<input type="checkbox"/> Waste tire monofill
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<input type="checkbox"/> Waste tire end user	<input type="checkbox"/> Waste tire processor								
<input type="checkbox"/> Waste tire collection facility	<input type="checkbox"/> Waste tire monofill								
<b>For Waste Tire Haulers ONLY:</b> Number of vehicles to be used to transport waste tires _____ (number of vehicle decals needed at 1 decal/vehicle)  For <b>each vehicle</b> submit the following information by e-mail to <a href="mailto:CDPHE.HMWasteTires@state.co.us">CDPHE.HMWasteTires@state.co.us</a> (Subject Line: Waste Tire Registration) or mail this information to the address below: <ol style="list-style-type: none"> <li>1. A legible copy of the current vehicle registration showing the state in which the vehicle is registered, the vehicle make/model and year, license plate number, vehicle identification number (VIN) and registered owner.</li> <li>2. If the vehicle is not owned by the waste tire hauler, authorization from the vehicle owner for the vehicle to be registered to haul waste tires.</li> <li>3. Evidence that a surety bond has been posted. New waste tire haulers must complete a Waste Tire Hauler Bond Form (WT-3).</li> </ol>									

If you are completing this application by hand, fill out this application, make a copy for your files and then mail the original completed form to the address below:

**Solid Waste & Materials Management Program**  
c/o Waste Tire Registration  
Colorado Department of Public Health and Environment  
HMWMD-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530



I certify that the information on this application is, to the best of my knowledge, true, accurate, and complete in all respects, that the business has been approved by the local government for waste tire activities at the above mentioned address, and that I am authorized to complete this application on behalf of this facility.

Facility Representative Signature (if completion by hand)

*GREGORY P. LEWIS*

Name (type or print)

Official Title

*CFO*

Date

(mm/dy/yy)

*6/13/13*

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.